

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

ATTORNEY/AGENT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2		1						52					
3		2						53					
4		3						54					
5								55					
6								56					
7								57					
8								58					
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11								61					
12								62					
13			1					63					
14								64					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			↓	1	↓			TOTAL IND.			↓		
TOTAL DEP.			←	N	←			TOTAL DEP.			←		
TOTAL CLAIMS				14				TOTAL CLAIMS					